

"Working Together"

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**GREY STREET
PRIMARY SCHOOL**
TRARALGON

**TEACHERS/STAFF REQUESTED TO ADMINISTER MEDICATIONS AT SCHOOL OR ON
SCHOOL EXCURSIONS AND CAMPS**

Parents/Guardians of the child/children concerned need to complete this form prior to the giving of any medication. (Tablets, mixtures, capsules, inhalations etc).

I/we.....give permission

To.....(teacher/staff)

To administer medication to my/our son/daughter.....

The medication is to be correctly labelled with the child's name.

The name of the medication is:

The correct dosage is:

The medication is to be taken (frequency):

.....

SPECIAL INSTRUCTIONS (eg: the medication is to be refrigerated):

.....

I/we understand that my child/children should remind the teacher when that medication should be given, i.e within reasonable limits. Teachers/staff will take all care considered to be adequate in such administrations.

Signed: **Date:**